

# State Well Report

## Part I - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

County: Tallahatchie  
Permit #: GW-48284  
Driller: TERRY COLE  
Date drilling completed: 11-25-14

For Office Use Only:  
Aquifer: L124  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>JOHNNY GOODWIN</u>	Latitude: <u>33° 56' 16"</u> Longitude: <u>90° 6' 01"</u>
Mailing Address: _____ <u>PO. BOX 423</u> <u>Charleston MS 38921</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NE 1/4 Sec 20 Twn 24N Rng 02E</u>
Telephone No. ( ) _____	Distance <u>5</u> Miles <u>S</u> Direction of <u>Charleston</u> Nearest Town
Well / Borehole Data	
Date drilling started: <u>11-25-14</u> Date drilling completed: <u>11-25-14</u> Hole depth: <u>120</u> Hole diameter: <u>22</u>	
Location of the source of any surface water used for drilling: <u>nearest well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<b><i>If drilling is not related to water well construction, skip the remainder of this block</i></b>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet above <input checked="" type="checkbox"/> or below (circle one) land surface Date measured: <u>11-25-14</u>	
Method of Measurement (circle one) steel tape <input type="checkbox"/> <u>electric tape</u> <input checked="" type="checkbox"/> air line other: _____	
Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>80</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>P.U.C</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>P.U.C</u>	
Screen slot size: <u>035</u> inches Setting depth: From <u>80</u> feet to <u>60-120</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <b><i>If telescoped or more than one screen, describe on next page</i></b>	

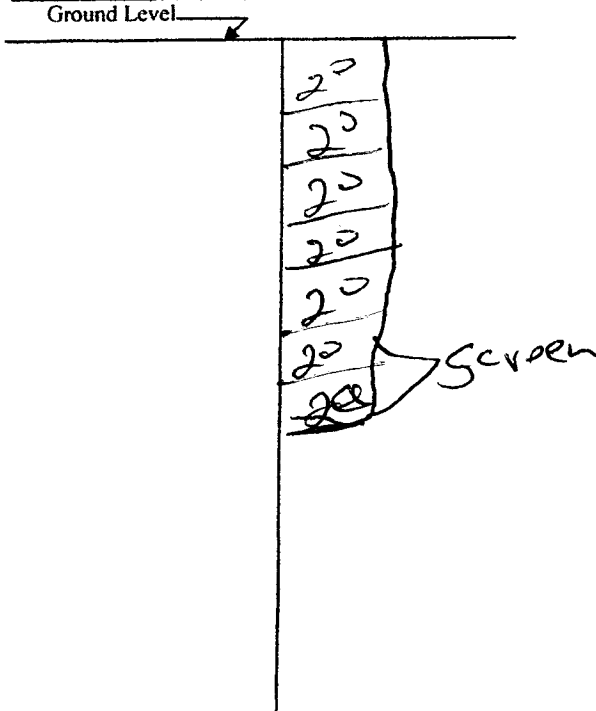
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Pit	Ground Level	20
	20	40
Sand	40	60
Gravel	60	80
Gravel	80	100
	100	120

if more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

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Landowner Name: JOHNNY GOODWIN

Form: OI.WR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JEDMY COOBS 5318  
Print Name of Responsible Licensee and License No.

11-25-14  
Date

Jedmy Coobs  
Signature of Licensee



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: FalladaHatchie  
 Permit #: G-W-48284  
 Driller: TEDDY Coats  
 Date completed: 11-25-19  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: 4124  
 Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Johnny Coovin</u>	Latitude: <u>33 56 14</u> Longitude: <u>90 6 01</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>po. Box 423</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Charleston, MS, 38921</u>	<u>SE</u> ¼ <u>NE</u> ¼, Sec <u>20</u> T. <u>24 N</u> R. <u>02 E</u>
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>S</u> of <u>Charleston</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 11-25-19 Rated Pump Capacity: 1000 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 15 Setting Depth: 60 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-25-19 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 20 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 1000 Gallons Per Minute

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded 1000 GPM with a drawdown of \_\_\_\_\_ feet after 8 hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

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*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

TEDDY Coats 5318 11-25-19 TEDDY Coats  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)